

1.) CORPORATION NAME:

Mayo Collaborative Services, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1476144**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3050 SUPERIOR DRIVE, NW

CITY/ST/ZIP: ROCHESTER, MN 55901-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	FRANKLIN R COCKERILL MD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	DAVID P. HERBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	MARIE E. BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	VIRGINIA BRUCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	CRAIG A. SMOLDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		

NAME:	SHARON C. ZEHE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	MARK A. MATTHIAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	REBECCA S. BAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	JEFFREY W. BOLTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	BRUCE A. EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	C. MICHEL HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	DAVID C. HERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	MARK B. KOCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	RO, MN 55905-		
NAME:	DAWN S. MILLINER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		
NAME:	NAN B. SAWYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 FIRST STREET SW		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER R. WILSON DIRECTOR 200 FIRST STREET SW ROCHESTER, MN 55905-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY D SCHMIDT SECRETARY 200 FIRST STREET SW ROCHESTER, MN 55905-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD L EHMAN MD CHAIRMAN 200 FIRST STREET SW ROCHESTER, MN 55905-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY D. SCHMIDT TREASURER 200 FIRST STREET SW ROCHESTER, MN 55905-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHARON C. ZEHE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON C. ZEHE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/1/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			